

“The Wizard of Oz”

**You're Invited
Literacy Faire
Open House
July 14, 2007**

**WSD Tour 10-11am
BBQ 12-1pm
Performance 1-2:30pm**

**BBQ \$3 Adults
Free for campers & siblings**

To obtain a registration packet or for more information - 360-696-6525, ext 4362 or email Nikki.ekle@wsd.wa.gov

Sponsored By
Washington School for the Deaf, 611 Grand Blvd., Vancouver, WA 98661
WSD's website: www.wsd.wa.gov

Literacy Faire

**FOR Deaf & Hard-of-Hearing
Children**

July 5-14, 2007

Target: Deaf and Hard-of-Hearing Campers!

Grades: K-12th

“The Wizard of Oz”



Registration Fee

Day Only Campers.....	\$210
Overnight Campers.....	\$310

Activities Include

9 nights lodging (residential only), meals, activities,
academics and t-shirt!

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Deaf & Hard-of-Hearing

Literacy Faire

Registration Packet

**Deaf and Hard-of-Hearing Children
Grades: K-12th**

All information must be filled out completely and requested documents must be attached before your child will be accepted.

Use this checklist to ensure that documents are completed and enclosed with your registration packet.

Checklist

1. Parent Information
2. Registration
3. Participant Information
4. What to Bring
5. Medical Release
6. Completed Health Packet
7. Photo Release
8. Expectation & Agreements
9. Behavior Agreement

**WASHINGTON SCHOOL FOR THE DEAF
611 GRAND BLVD
VANCOUVER, WA 98661**

**For more information contact Kelly at
(360) 696-6525 x4362 or (800) 613-4228
www.wsd.wa.gov**

Schedule

Check-In

July 5, Thursday 6-7pm Check-In (No Dinner Provided)
(Residential Campers Only)

Daily

July 6-13

7-8am	Breakfast in Cottage
8am	Check-in Day Campers
8-11:45am	Classes (reading, language and math)
12-1pm	Lunch in Cafeteria
1-4pm	Performance Activities (rehearsal, stage design, costumes)
4-5pm	Cottages (rest)
5-6pm	Dinner in Cafeteria
7-9pm	Activities (Swimming, Social, Snacks)

*July 8 1-4pm Zoo Field Trip (residential campers only)
*No class/activities for day campers

July 14 All Day Literacy Faire Open House/Performance

Check-Out

July 14 3pm Check-Out (pickup luggage in cottages)

*No camp on July 8th for day campers only.

Parent Information

Literacy Faire 2007

Washington School for the Deaf Staff: All Summer Youth Program Staff receive ongoing safety training and are fluent in American Sign Language.

Fees: There will be no reduction in cost or refunds for participants arriving late or leaving early.

Registration and Payment Terms: Applications are accepted for the full term only. WSD accepts cash, checks, money orders, and purchase orders/requests. Scholarships are available for low income families. Full payment must be received by **June 1, 2007** for your student to participate in Literacy Faire.

For payment arrangements contact Kay Pedisich @ 360-696-6525 x0417 or kay.pedisich@wsd.wa.gov. All applications must be filled out completely and mailed with the total fee to:

Washington School for the Deaf
Literacy Faire
611 Grand Blvd
Vancouver, WA 98661

Pre-Registration is required.

Registration **Deadline is June 1, 2007**

Visitation: Attending camp provides an extraordinary opportunity for participants to gain language skills, self-reliance, self-confidence, and independence important to a child or teen's development; therefore the camp program should not be interrupted with visits by parents, relatives or friends. **We highly recommend parents visit the Literacy Faire Open House on July 14, 2007.**

Letters and Packages: Please address letters and packages to the camp participant in the following format:

Washington School for the Deaf
Literacy Faire Camp
Child's Name
611 Grand Blvd
Vancouver, WA 98661

Refund Information:

50% of the amount paid will be refunded IF you cancel on or before **June 29, 2007.**

No refund will be given after **July 3, 2007.**

Registration

Literacy Faire 2007

Registration deadline is June 1, 2007

Early Registration is advisable to ensure a place in the Camp!

Please attach
current photo here
to help WSD Staff
know campers on
arrival.
(Required)

Fees:

Day Only Campers.....\$210
Overnight Campers.....\$310

Amount Enclosed _____

Participant Information:

Name _____

☐ Deaf ☐ Hard of Hearing ☐ Cochlear implant

Parent/Guardian Name _____

Address _____ City, State, Zip _____

Email _____ Home Phone _____

Mother's Work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____

For Scholarship Approval:

Please provide your total monthly income or **TANF** Case Number _____.

*Make all checks payable to WSD/LFC

(We reserve the right to refuse acceptance of any applicant who, in our judgment, will neither benefit from nor contribute to the camp experience. The right is also reserved to dismiss from camp a participant who, in the director's judgment, is detrimental to the best interest of the camp.)
No Refund will be given if a child is sent home for behavior issues (see behavior agreement).

For Office USE only

Date Received: _____

Deposit Amount: _____

☐ check ☐ money order ☐ purchase order

Receipt #: _____

Letter Sent: _____

Participant Information

Literacy Faire 2007

The following information regarding the prospective camper is essential. It will help our staff make your child's camp experience a fun one.

All Information will be kept confidential.

Camper's Name _____

☐ Deaf ☐ Hard-of-Hearing ☐ Cochlear Implant

Date of Birth _____ Age as of June 1, 2007 _____

School Attended _____ Reading Grade (IEP) _____

School District _____

T-Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Youth Size ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Primary Code of Communication:

☐ ASL ☐ PSE ☐ SEE ☐ Oral ☐ Other _____

If spoken language is used, what is the primary language? _____

Does she/he have any learning or physical disabilities? Please explain.

Which activity would you prefer:

- ☐ Performance (Actor/Actress)
- ☐ Stage Assistant
- ☐ Costume
- ☐ Usher/Create Program Booklet
- ☐ Make-Up

What to Bring

(Residential Only)

Literacy Faire 2007

Please mark **name** clearly on all items!

Sheets, Pillow Case, Blankets, Towels & Washcloths will be furnished.

- 
- Enough clothing for 10 days
 - Tennis shoes
 - Warm Sweater or sweatshirt
 - Bathing suit
 - Pajamas
 - Toothbrush, toothpaste
 - Shampoo
 - Deodorant
 - Sun block
 - Comb or Brush
 - Hair bands (for long hair)
 - Soap & soap dish
 - Hearing aid batteries
 - Stationary and stamps
 - Water bottle
 - Small bag of laundry soap
 - Medications

Optional:

- Pillow
- Camera
- Sunglasses
- Extra glasses/contacts
- Swim goggles, earplugs
- Playing cards
- Books
- Hat

WSD is not responsible for lost or stolen items.

Medical Release

Literacy Faire 2007

Student Name _____

Age _____ Date of Birth _____

Allergies _____

Date of Last Tetanus Shot _____

Any known medical conditions _____

Medical Care

This is to authorize Washington School for the Deaf medical staff and/or other doctors so designated to provide emergency medical treatment to my student and administer anesthetic by qualified personnel if it becomes necessary.

Washington School for the Deaf staff has the right to give first aid treatment to any student, and to seek and retain medical emergency or rescue services to treat, transport and/or hospitalize a student.

Parents/guardians are responsible for providing payment or medical insurance coverage for their student including medical expenses, evacuation and/or emergency transportation charges. Washington School for the Deaf does not provide medical insurance coverage for students and will not held responsible for medical expenses under any circumstance.

Parent/Guardian Signature _____

Date _____

Health Information

Literacy Faire 2007

STUDENT INFORMATION

STUDENT'S NAME	LAST	FIRST	MIDDLE INITIAL
ADDRESS	STREET	CITY	STATE ZIPCODE
HOME TELEPHONE	BIRTHDATE	AGE	SEX EMAIL
PARENT/GUARDIAN INFORMATION			
NAME OF PARENT/GUARDIAN	LAST	FIRST	MIDDLE INITIAL
MOTHER'S CELL PHONE/PAGER	V/TTY	FATHER'S CELL PHONE/PAGER	V/TTY
MOTHER'S EMAIL/PAGER ADDRESS	FATHER'S EMAIL/PAGER ADDRESS		
FATHER'S EMPLOYER	PHONE NUMBER		
EMPLOYER'S ADDRESS			
MOTHER'S EMPLOYER			
EMPLOYER'S ADDRESS		PHONE NUMBER	
INSURANCE INFORMATION			
NAME & ADDRESS OF INSURANCE COMPANY			
POLICY & GROUP NUMBERS/MEDICARE/UNION AND LOCAL MY INSURANCE IS THROUGH			
NAME & ADDRESS OF INSURANCE COMPANY			
POLICY & GROUP NUMBERS/MEDICARE/UNION AND LOCAL _____Employment _____Private			
EMERGENCY CONTACT			
PLEASE LIST IN ORDER WHO YOU WOULD LIKE US TO CONTACT IN THE CASE OF AN EMERGENCY			
1	Relationship	Phone	
2	Relationship	Phone	
3	Relationship	Phone	

Photo & Field Trip Release

Literacy Faire 2007

Photo Release:

I []do []do not hereby give Washington School for the Deaf and its assigns, licensees, or legal representatives the right to use my child's photograph in all forms of media and in all manners, including composite or other representations, for advertising, trade or other lawful purposes. Washington School for the Deaf will make very attempt possible to send me a copy of the publication.

Parent/Guardian Signature _____ Date _____

Field Trip:

I, _____ (parent/guardian), give permission for my child to ride in WSD state vehicles to attend Oregon Zoo and Firstenburg Community Center for swimming.

Parent/Guardian Signature _____ Date _____

Expectations & Agreements

Literacy Faire 2007

Personal Loss:

I understand that Washington School for the Deaf does not cover theft, loss, or damage to my child's personal equipment or property. I understand that Washington School for the Deaf recommends that I check with my personal insurance coverage to confirm my insurance will cover any loss.

Parent/Guardian Initials _____ Student Initials _____

Damage to Washington School for the Deaf Property:

I understand that I will be responsible for all costs incurred if my child damages any Washington School for the Deaf property. I understand that if the damage is serious enough, the local law enforcement will be involved.

Parent/Guardian Initials _____ Student Initials _____

Expectations:



The primary responsibility of WSD Staff is to keep participants safe. We hope you will respect this responsibility and we expect you to abide by the rules set in order to keep you and the entire group safe physically and emotionally.



Camp is a group experience; your attitude influences the group. A positive attitude is expected; you don't have to love everything we do, only appreciate that you have done it.



We expect human kindness and appreciation of differences.

I agree that I will not participate in any illegal activity during any part of the camp, including but not limited to, use or possession of alcohol, tobacco, weapons, or any controlled substance. I will treat each team member with equal respect and fairness. I agree that any disregard for these guidelines, or other behavior detrimental to the group, may result in my dismissal from the summer camp. In the event that I am dismissed I understand that my parent/guardian is responsible to pick me up immediately. There will be **no monetary refunds** for participants who are dismissed for disciplinary reasons. There will be no monetary refunds or reduction in fees for participants who arrive late or leave early. I have read the above agreements with my parents/guardians and agree to abide by them.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Behavior Agreement

Literacy Faire 2007

Conduct Guidelines

Literacy Faire Camp (LFC) strives to provide a safe and nurturing environment which offers campers meaningful learning experiences. In order to ensure this desired environment, it is important that each camper understand and endorse the elements that create such an opportunity.

Please review these guidelines listed below with your child prior to camp. Also, encourage your child to notify a staff member if his/her enjoyable camp experience is being jeopardized by any other camper(s) not observing this Code of Conduct.

Camper Code of Conduct

Behavior: LFC is a camp for well-adjusted children who treat others with respect and value others' rights to have a fun experience at camp. Any disrespectful, violent, or mean behavior, including bullying, teasing, name calling, harassment or isolating of a camper will not be tolerated. Use of foul language is not allowed.

Appearance & Attire: Dress must be appropriate for an active camp program. Clothing must fit closely enough so that the camper is not endangered during any activities. No extremely tight or provocative attire is permitted and no underwear may be showing. Modest bathing suits are required for all campers. No logos may depict violence, foul language or topics such as: beer, tobacco, drug or gang references. No body piercing jewelry, except earrings, is allowed (for safety reasons).

In the event that your child fails to meet the above Code of Conduct at any time during the camp session, discussion with camper and parents or guardians will ensue. Your child will be sent home at your family's expense and no refund will be given. We are committed to helping each and every camper succeed at having a fun-filled and enriching camp experience.

I have read, fully understand and agree to abide by the above guidelines and conditions.

Camper Signature _____ Date _____

Parent Signature _____ Date _____